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Licata & Tyrrell P.C.66 E. Main Street
Marlton, New Jersey

Tel: (856) 810-1515

Fax: (856) 810-1454

E-Mail: JMLicata@licataandtyrrell.com

FAXED
9-30-04

September 30, 2004

GROUP: 1636**FAX NUMBER: 1-703-872-9306****ATTORNEY DOCKET NO.: ISPH-0569****SERIAL NO.: 09/853,409****FILED: May 11, 2001****CUSTOMER NO.: 32862****CONFIRMATION NO.: 7066****NUMBER OF PAGES: 15**
(including this sheet)

MESSAGE: Attached is a General Transmittal Letter (in duplicate);
Amendment Transmittal Letter (in duplicate);
Amendment in response to Office Action dated June 30, 2004;
Terminal Disclaimer; and
Authorization to charge deposit account \$110.00 for Terminal Disclaimer fee.

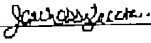
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TRANSMITTAL LETTER (General - Patent Pending)				Docket No. ISPH-0569				
In Re Application Of: Anderson et al.								
Application No. 09/853, 409	Filing Date May 11, 2001	Examiner David Guzo	Customer No. 32862	Group Art Unit 1636	Confirmation No. 7066			
Title: COMPOSITIONS AND METHODS FOR TREATMENT OF HEPATITIS C VIRUS ASSOCIATED DISEASES CENTRAL FAX CENTER SEP 30 2004								
<u>COMMISSIONER FOR PATENTS:</u>								
Transmitted herewith is: Reply under 37 C.F.R. 111 Terminal Disclaimer and fee (\$110.00)								
in the above identified application.								
<input type="checkbox"/> No additional fee is required.								
<input type="checkbox"/> A check in the amount of _____ is attached.								
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 50-1619 as described below.								
<input checked="" type="checkbox"/> Charge the amount of \$110.00								
<input checked="" type="checkbox"/> Credit any overpayment.								
<input checked="" type="checkbox"/> Charge any additional fee required.								
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
 _____ Signature			Dated: September 30, 2004					
Jane Massey Licata Reg. No. 32,257 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454			<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] o. (Date)</td></tr><tr><td style="text-align: center;">Signature of Person Mailing Correspondence</td></tr><tr><td style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</td></tr></table>			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] o. (Date)	Signature of Person Mailing Correspondence	Typed or Printed Name of Person Mailing Correspondence
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cc:								

P16A/REV03

SEP 30 2004

TRANSMITTAL LETTER (General - Patent Pending)				Docket No. ISPH-0569	
In Re Application Of: Anderson et al.					
Application No. 09/853, 409	Filing Date May 11, 2001	Examiner David Guzo	Customer No. 32862	Group Art Unit 1636	Confirmation No. 7066
Title: COMPOSITIONS AND METHODS FOR TREATMENT OF HEPATITIS C VIRUS-ASSOCIATED DISEASES					
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Signature					
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(Date)

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Typed or Printed Name of Person Mailing Correspondence

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. ISPH-0569	
Applicant(s): Anderson et al.					
Application No. 09/853,409	Filing Date May 11, 2001	Examiner David Guzo	Customer No. 32862	Group Art Unit 1636	Confirmation No. 7066
Invention: COMPOSITIONS AND METHODS FOR TREATMENT OF HEPATITIS C VIRUS-ASSOCIATED DISEASES					
COMMISSIONER FOR PATENTS: <div style="float: right; text-align: right;"> RECEIVED CENTRAL FAX CENTER SEP 30 2004 </div>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8	24	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2	4	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 50-1619 in the amount of \$110.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
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			_____ Typed or Printed Name of Person Mailing Correspondence		

P111LARGE/REV08